

Reciprocity Application Instructions

1. Complete this application if applying for **Reciprocity Certification** for all EMT levels. Please print **legibly or type** all information on this application.

2. The following reflects the current reciprocity fees:

EMT-Basic \$60.00	EMT- Intermediate \$ 80.00	EMT- Paramedic \$100.00
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3. **Copies of the following documentation must be submitted along with application.**

- Driver's License
- Current State Certification/Licensure (required)
- Current National Registry Card
- Course completion Certificate, if applicable
- DD214, if applicable
- Letter of Good Standing or completed Verification Form

Letter of Good Standing or completed Verification Form issued by the state EMS Office from the state you are currently certified in. The letter must verify your EMT status, expiration date, and list any and all past or pending disciplinary actions.

4. **If applicant is not National Registered, and you will be testing, the following documentation must be submitted along with application.**

- Certificate of completion of DOT National Standard Curriculum EMT Course or National Standard EMT Refresher course (e.g., Basic, Intermediate, or Paramedic) ***within one year period*** prior to the request for reciprocity.
- Upon receipt and approval of required documentation, the applicant will be required to successfully complete the National Registry Written and Practical Exam.

5. Money Order only (**MONEY ORDER** payable to "**Bureau of EMS**")
NO PERSONAL CHECKS ACCEPTED

6. Mail or Deliver this application to:

**Bureau of EMS
7173 Florida Blvd. Suite A
Baton Rouge, LA 70806**

For verification of delivery, please send Certified Mail, return receipt.

Normal processing time for all applications received by the Bureau of EMS is 30 days if the application is complete, all required supporting documentation is attached and the correct fee is received.

LOUISIANA BUREAU OF EMERGENCY MEDICAL SERVICES

RECIPROCITY APPLICATION

Money Order* \$ Money Order #

Certification Level Registry # SS#

Last Name First Name MI

Mailing Address

City State Zip

Home Cell Phone Email

Date of Birth Race Driver Lic # DL Expiration

Height Weight Color Hair Color Eyes

Gender ☐ Female ☐ Male Place of Birth US Citizen ☐ Yes ☐ No

EDUCATION HISTORY

Education Year Graduated City/State

College Years Degree

Training and Certification Information

Name and location of Training facility

Level of EMT Training Completed # Classroom Hours # Field Hours

What state were you tested? Year Tested Military ☐ Yes ☐ No

What State(s) are you currently certified in?

EMPLOYER INFORMATION

Prospective Employer	Other Documentation
Agency <input type="text"/>	I certify that I have enclosed the following items (Check the boxes below): <input type="checkbox"/> Copy of Driver License <input type="checkbox"/> Letter of Good Standing or completed Verification Form <input type="checkbox"/> DD214 (if applicable) <input type="checkbox"/> Copy of Current State Certification <input type="checkbox"/> Copy of National Registry Card <input type="checkbox"/> Course completion Certificate (if applicable)
Address <input type="text"/>	
City <input type="text"/> State <input type="text"/> Zip <input type="text"/>	
Supervisor <input type="text"/>	
Phone Number <input type="text"/>	

EMT-Basic \$60.00

EMT- Intermediate \$ 80.00

EMT- Paramedic \$100.00

I hereby affirm that all statements on this Reciprocity Application are true and correct, including the copies of cards, certificates and other required verification. It is understood that false statements or documents may be sufficient cause for disciplinary action, and that the Bureau of EMS may conduct an audit of my certification-related forms and information at any time.

Original Signature

Date Signed

STATE OF LOUISIANA

EMS CERTIFICATION COMMISSION

Reciprocity Disclosure Form

In accordance with La. R.S. 40:1232.3 et seq., the Louisiana Bureau of EMS Certification Commission is required to make a determination regarding the eligibility of each applicant for EMT certification, reinstatement, or the right to practice as an EMS professional. The eligibility determination process requires that each applicant submit certain information.

If you are applying for EMT certification, reinstatement, reciprocity, or the right to practice as an EMS student, you must complete and submit this Disclosure Form. You must answer each question truthfully and completely. Failure to disclose or correctly answer these questions constitutes falsification of documents and may result in denial or delay of certification.

For purposes of this disclosure, a pardon, suspension of sentence, expungement, or pretrial diversion or similar program shall not negate or diminish the requirements for your truthful compliance. In other words, if you have ever been arrested, summonsed, charged, or convicted, you should mark "yes" regardless of what the outcome was. For purposes of this section, a charge of driving while under the influence of any alcohol or other substance is not considered a traffic violation. You are not required to report misdemeanor traffic violations

If you mark "yes" to any of the following questions, you are obligated to provide the following documentation to the Certification Commission:

1. Narrative which details all circumstances surrounding the event, this must be an original document with original signature do not send copies or fax.
2. Copy of official documents including arrest reports, court documents, probation forms, physician statements, etc., and any/all other relevant records.

All required documentation must be provided to the EMS Certification Commission within the first 30 days of EMS course. You may not enter into the clinical sequence of the EMS program, or otherwise test or certify as an EMT until your eligibility has been determined by the EMS Certification Commission.

You should report any subsequent arrest, criminal charge or conviction, addiction, or impairment to the EMS Certification Commission.

All correspondence must be submitted to the Bureau of EMS/EMS Certification Commission. If you have any questions regarding the EMS Certification Commission, you may contact:

Phone: (225) 925-7216

Fax: (225) 925-3832

Please read each question carefully.

		Yes	No
1	Have you been arrested, issued a misdemeanor summons (excluding traffic violations), charged with or convicted of a misdemeanor or felony?		
2	Are there any criminal charges currently pending against you?		
3	Are you currently serving a court ordered probation or parole; or are you currently enrolled in a pre-trial diversion program?		
4	Have you been subject to any disciplinary action, limitation, suspended from, or under revocation of your right to practice in a health care occupation, or voluntarily surrendered licensure to any state or to any agency authorizing you the legal right to work?		
5	Have you been diagnosed with, do you have, or have you had a medical, physical, mental, emotional or psychiatric condition that may affect your ability to safely practice as an EMT?		
6	Have you had a problem with, been diagnosed as dependent upon, or been treated for mood-altering substances, drugs, alcohol, or medications?		

I hereby affirm that all answers provided on this form are true and correct, including all correspondence and documentation submitted in connection to the EMS Certification Commission. I understand that falsification of any documents submitted to the bureau or commission is a violation of R.S. 40:1232.6, and is a ground for disciplinary action including delay or denial of your application.

Reciprocity Applicant Signature

Date



State of Louisiana
Department of Health and Hospitals
Bureau of Emergency Medical Services

RECIPROCITY VERIFICATION FORM

The Bureau of Emergency Medical Services (EMS) requires a letter of good standing or completion of this form based on certification received from your state/entity. Please verify the EMS personnel status on the identified individual below and provide additional information as requested. Thank you for your assistance.

To be completed by applicant.

Applicant's Name _____

SS#: _____ Certificate #: _____

Address: _____

The following must be completed by state official or certifying agency representative:

Is the applicant currently certified or licensed in your state? ☐ Yes ☐ No

Name of State and Agency completing form: _____

To your knowledge, has the applicant ever been convicted of a felony, misdemeanor or been disciplined by your agency?

☐ Yes ☐ No If yes, please describe the results of your investigation.

Has this person ever disclosed a Criminal History? ☐ Yes ☐ No If yes, explain.

Has your state ever granted reciprocity to this applicant before? ☐ Yes ☐ No

If so, from _____ (state) or National Registry, and when _____ (date)

Do you recommend granting reciprocity to this applicant? ☐ Yes ☐ No If no, explain on separate sheet.

Person completing this questionnaire (please stamp with official seal, state or local):

Name: _____ Signature: _____

Title: _____ Date: _____

Phone # () Fax # ()

Applicant must attach this form to Reciprocity Application once it has been completed.
Form will not be accepted without official seal from certifying agency.